

CLAIMS ONLY							Application Number <div style="text-align: center; font-size: 1.2em;">10/067,672</div>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/		/		/		51				
2		/		/		/	52				
3		/		/		/	53				
4		/		/		/	54				
5		/		/		/	55				
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8		/		/		/	58				
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10		/		/		/	60				
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12		/		/		/	62				
13		/		/		/	63				
14	/		/		/		64				
15		/		/		/	65				
16		/		/		/	66				
17		/		/		/	67				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	3		7		3		Total Indep				
Total Depend	17		17		17		Total Depend				
Total Claims	20		20		16		Total Claims				